



The University of New Mexico Health Sciences Center
OFFICE OF THE MEDICAL INVESTIGATOR

MSC07 4040

1 University of New Mexico
Albuquerque, NM 87131-0001
Telephone (505) 272-3053
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Report of Findings

3/14/2013

Decedent	DENNISON, PARRISH		
OMI #	2013-02075	Date of Birth	1971
Date Report Issued	3/12/2013 12:00:00 AM	Date Death Pronounced	3/5/2013
Place Pronounced	University of New Mexico Hospital/ER	Time Death Pronounced	9:00 PM
County Pronounced	Bernalillo		
Cause of Death	Multiple gunshot wounds		
Manner of Death	Homicide		
Date of Injury	3/5/2013		
Place of Injury	Street		
Location of Injury	Albuquerque, Bernalillo NM 87110		
How Injury Occurred	Shot by on duty law enforcement officers		
Autopsy performed by	Hannah Kastenbaum	Cecilia Wu, MD	
Death Certificate Signed by	Hannah Kastenbaum		
Deputy Medical Investigator	Dan Wasko		
District Attorney	Bernalillo County DA		
Law Enforcement	APD Crim. Case # 130020322/Det. Ross Vanderlip		

For details concerning this death, contact the law enforcement agency listed, records section.

For copies of the Death Certificate, contact the Bureau of Vital Statistics, 1190 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502.

Appropriate investigative reports are available from the Medical Investigator, as required by law. Fees are assessed where required. A review of the reports in the Albuquerque office of the Office of the Medical Investigator is available upon request.

All requests for reports are to be directed to:

Office of the Medical Investigator
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1 University of New Mexico
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PLAINTIFF'S
EXHIBIT

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DENNISON, PARRISH

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School of Medicine

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5. A 2 cm ovoid, hypopigmented scar below the left knee.

Evidence of medical intervention includes an endotracheal tube inserted into the oral cavity and secured by a brace; bilateral needle thoracostomy tubes on the upper chest; seven electrocardiograph monitoring pads affixed to the shoulders, torso, and lower legs; two defibrillator pads affixed to the anterior torso; a chest tube inserted into the left 6th intercostal space secured by sutures; an intravenous catheter inserted into the left groin secured by clear adhesive tape; and a pulse oximeter lead taped to the right second finger. All medical devices appear appropriately placed.

EVIDENCE OF INJURY

DESCRIPTION OF GUNSHOT WOUNDS:

Note: Wounds are labeled alphanumerically to correspond to the autopsy photographs. The order in which they are labeled is arbitrary and does not necessarily correlate to the order in which they occurred.

1. GUNSHOT WOUND OF LEFT UPPER CHEST:

ENTRANCE (WOUND A): On the left upper chest, 42 cm below the top of the head and 19 cm left of anterior midline, is a 0.6 cm round defect with circumferential marginal abrasion that is widest (0.2 cm) at 2 o'clock. A 1 x 0.8 cm red-purple, abraded contusion is present at the 8-10 o'clock margin of the wound. Soot, unburned gunpowder particles, and gunpowder stippling are not visible on the skin surrounding the wound.

PATH: The hemorrhagic wound track sequentially perforates the skin and subcutaneous soft tissues of the left upper chest, left anterior 3rd and 4th ribs, left upper lobe of the lung, and pericardium; grazes the anterior aspect of the free wall of the left ventricle and the adjacent interventricular septum; perforates the anterolateral right 6th rib; and penetrates the soft tissues in the right lateral chest.

EXIT: There is no exit.

RECOVERY (WOUND B): At the right mid axillary line, 54 cm below the top of the head and 27 cm right of anterior midline, are two 0.6 cm ovoid abrasions within a 1 cm blue contusion. A missile fragment is palpable underneath the contusion and is recovered by incising the skin. The deformed copper-jacketed missile fragment weighs 56 grains.

ASSOCIATED INJURIES: Associated injuries include 1100 mL right hemothorax and 1300 mL left hemothorax.

TRAJECTORY: The wound track travels from the decedent's left to right, downward, and slightly front to back.

2. GUNSHOT WOUND OF THE LEFT UPPER QUADRANT OF ABDOMEN:

ENTRANCE (WOUND C): On the left upper quadrant of the abdomen, 61 cm below the top of the head and 1.5 cm right of the anterior midline, is an entrance gunshot wound consisting of an irregular 1.5 x 0.5 cm defect with marginally abrasion between the 6 and 8 o'clock positions up to 1 cm wide. A 3.5 x 2.5 cm red-purple contusion

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extends from the superior aspect of the wound and a 0.3 x 0.2 cm ovoid abrasion is present at the 3 o'clock aspect of the wound. Soot, unburned gunpowder particles, and gunpowder stippling are not visible on the skin surrounding the wound.

PATH: The hemorrhagic wound track sequentially perforates the skin and subcutaneous soft tissues of the abdomen and penetrates the costal cartilage of the left 8th rib.

EXIT: There is no exit.

RECOVERY: Recovered from the costal cartilage of the left 8th rib are two deformed lead missile fragments, one of which is copper-jacketed, weighing 52 grains in aggregate.

TRAJECTORY: The wound track travels from the decedent's front to back, upward, and slightly to the left.

3. GUNSHOT WOUND OF THE LEFT THIGH:

ENTRANCE (WOUND E): On the medial aspect of the left thigh, 113 cm below the top of the head and 13.5 cm right of anterior midline of the left thigh, is an entrance gunshot wound consisting of a 2 x 0.8 cm irregular defect with a 1 cm marginal abrasion between 6 and 8 o'clock. Soot, unburned gunpowder particles, and gunpowder stippling are not visible on the skin surrounding the wound.

PATH: The hemorrhagic wound track sequentially perforates the skin and the superficial subcutaneous tissue of the left thigh.

EXIT (WOUND D): On the medial aspect of the left thigh, 106 cm below the top of the head and 6.5 cm right of anterior midline of the left thigh, is an exit gunshot wound consisting of an irregular 1.2 x 0.6 cm defect with a 0.6 cm abrasion extending from the 9 o'clock aspect of the wound.

RECOVERY: None.

TRAJECTORY: The wound track travels from the decedents back to front, upward, and to the left.

4. GUNSHOT WOUND OF THE RIGHT THIGH:

ENTRANCE (WOUND G): On the posterior aspect of the right thigh, 111 cm below the top of the head and 2 cm to the right of the posterior midline of the right thigh, is an entrance gunshot wound consistent of an irregular 2.3 x 1.8 cm defect with a 0.8 cm abraded laceration extending from the 6 to 8 o'clock position and a 0.7 cm abrasion at the 1 o'clock position. Soot, unburned gunpowder particles, and gunpowder stippling are not visible on the skin surrounding the wound.

PATH: The hemorrhage wound track perforates the skin and subcutaneous soft tissue of the posterior right thigh and penetrates the superficial cortex of proximal shaft of the right femur.

EXIT: There is no exit.

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RECOVERY: Recovered from the cortical surface of the right femoral shaft is a 50-grain deformed lead missile.

TRACJECTORY: The wound track travels from the decedent's back to front and upward without significant left to right deviation.

5. GUNSHOT WOUND OF THE RIGHT LOWER LEG:

ENTRANCE (WOUND I): On the anterior right lower leg, 158 cm below the top of the head and 4 cm left of the anterior midline of the right lower leg, is an entrance gunshot wound consisting of a 0.4 cm round defect with a 0.2 cm marginal abrasion from 4-10 o'clock. Soot, unburned gunpowder particles, and gunpowder stippling are not visible on the skin surrounding the wound.

PATH: The hemorrhagic wound track sequentially perforates the skin and subcutaneous soft tissues of the anterior right lower leg, the soft tissue medial to the right tibia, and the skin and soft tissues of the posterior right lower leg.

EXIT (WOUND H): On the posteromedial right lower leg, 148 cm below the top of the head and 2 cm left of the posterior midline of the right lower leg, is an exit gunshot wound consisting of an irregular 1.4 x 1.2 cm defect with an irregular marginal abrasion (0.2 cm) at 1 o'clock and 6 o'clock. A 1.5 cm laceration extends from the 10 o'clock aspect of the wound.

RECOVERY: None.

TRAJECTORY: The wound track travels from the decedent's front to back, upward, and slightly right to left.

6. POSSIBLE GRAZE WOUND OF RIGHT THIGH:

On the posteromedial right thigh, 108 cm below the top of the head and on the medial aspect of the proximal right thigh, is a 5 x 0.8 cm red linear abrasion oriented from 10 to 4 o'clock. Due to drying of wound edges, abrasion and splitting of skin cannot be evaluated and directionality cannot be determined. Soot, unburned gunpowder particles, and gunpowder stippling are not visible on the skin surrounding the wound.

7. POSSIBLE GRAZE WOUND OF THE RIGHT LOWER LEG (WOUND F):

On the distal anterior right lower leg, 164 cm below the top of the head and 7 cm left of the anterior midline of the right shin, is a 4 x 1.2 cm possible graze oriented from 9 to 2 o'clock wound with exposure of underlying subcutaneous tissue. Due to drying of wound edges, abrasion and splitting of skin cannot be evaluated and directionality cannot be determined. Soot, unburned gunpowder particles, and gunpowder stippling are not visible on the skin surrounding the wound.

DESCRIPTION OF PATTERNED INJURIES CONSISTENT WITH DOG BITES:

THORAX, ABDOMEN, AND GROIN:

1. A 9 x 4 cm area of ovoid and triangular abrasions (up to 2 cm in greatest dimension) on the right lower back;
2. A jagged, irregular 1.5 cm laceration at the tip of the penis;
3. A jagged, irregular 0.6 cm laceration on the posterior mid shaft of the penis;
4. A 4 x 1 cm red abrasion on the mid scrotum.